

SCHEDULE A-P **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

DONALD J. TRUMP FOR PRESIDENT, INC.

A. Full Name (Last, First, Middle Initial)

CABELEIRA, VIRGINIA, , ,

Mailing Address 431 W RIVER ST

City

MILFORD

State

CT

Zip Code

06461

FEC ID number of contributing
federal political committee.

C

Name of Employer

MOORE TOOL COMPANY

Occupation

MATERIALS MANAGER

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Transaction ID : SA17A.66901

Date of Receipt

MM / DD / YYYY
09 / 23 / 2019

EARMARKED THROUGH WINRED [SA17A.4218]

Amount of Each Receipt this Period

250.00

☐ Memo Item

B. Full Name (Last, First, Middle Initial)

CABIGON, MARK, , ,

Mailing Address 4929 HOSTETLER AVE

City

LAS VEGAS

State

NV

Zip Code

89131

FEC ID number of contributing
federal political committee.

C

Name of Employer

UMC LAS VEGAS

Occupation

REGISTERED NURSE

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

50.00

Transaction ID : SA17A.66911

Date of Receipt

MM / DD / YYYY
07 / 03 / 2019

Amount of Each Receipt this Period

50.00

☐ Memo Item

C. Full Name (Last, First, Middle Initial)

CABIGON, MARK, , ,

Mailing Address 4929 HOSTETLER AVE

City

LAS VEGAS

State

NV

Zip Code

89131

FEC ID number of contributing
federal political committee.

C

Name of Employer

UMC LAS VEGAS

Occupation

REGISTERED NURSE

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

100.00

Transaction ID : SA17A.66912

Date of Receipt

MM / DD / YYYY
08 / 03 / 2019

Amount of Each Receipt this Period

50.00

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

350.00

Total This Period (last page this line number only).....